| generator_name  | M.T.I.                      |  |
|-----------------|-----------------------------|--|
| lc_name:        | MTI Engineering Corporation |  |
| lc_calc_volume: | 11.5267 tons                |  |
| manifest_number | manifest_quantity_ton       |  |
| 84341799        | 0.68805 tons                |  |
| 84345276        | 0.9591 tons                 |  |
| 86534634        | 1.0842 tons                 |  |
| 87114301        | 1.48035 tons                |  |
| 87119177        | 1.14675 tons                |  |
| 88293752        | 0.5838 tons                 |  |
| 88293768        | 0.5804 tons                 |  |
| 88683452        | 1.56375 tons                |  |
| 88684838        | 3.44025 tons                |  |

Tuesday, July 30, 2002 Page 72 of 112

## See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

| WASTE MANIFEST   QAD 098   202   752   1 1 1 3 Generator's Name and Mailing Address  | Se 3 68     | Part of Miles      | of is not re<br>te Manifest Docum | 14-113-12-12-5 | y Federal law.<br>per              |
|--|-------------|--------------------|-----------------------------------|----------------|------------------------------------|
| M.T.I  |             |                    | 88                                |                | 3452                               |
| 16839 E. GALE AVE, INDUSTRY, CA  |             | B. Sta             | te Generator's ID                 |                |                                    |
| 4. Generator's Phone ( 818 981-9671  | - 6         | C. Sta             | te Transporter's ID               |                | 10 384                             |
| 5. Transporter 1 Company Name OMEGA RECOVERY SERVICES CAD 042 245 001  | 1.1         |                    | seporter's Phone                  |                | 98-0991                            |
| 7. Transporter 2 Company Name 8. US EPA ID Number  |             | THE STREET, SALES  | te Transporter's ID               | Ŋ.,            |                                    |
| O Designated Sacility Name and Site Address 10. US EPA ID Number   | 4.1.        | O - OL-            | naporter's Phone                  |                | 4                                  |
| 9. Designated Facility Name and Site Address 10. US EPA ID Number OMEGA RECOVERY SERVICES  |             | C                  | IARDIOI42                         | 24             | 500                                |
| 12504 E. WHITTIER, BLVD  |             | H. Fac             | ility's Phone                     | 2001           | 1-1-1                              |
| WHITTIER, CA 90602 CAD 042 245 001   | 12. Cont    | AGE 127,450        | 13 698-0                          | 1991           | STATE OF THE STATE OF              |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)   | No.         | Туре               | Quantity                          | Unit<br>Wt/Vol | Waste                              |
| *HAZARDOUS WASTE LIQUID N.O.S ORM-A  |             |                    | 1 1                               |                | State<br>211                       |
| (miss mpnoss) 374 0400   | 000         | DM                 | 20110                             | -              | EPA/Other<br>FOO1                  |
|  | 0012        | D34                | 00/1/10                           | 4              | State                              |
| HAZARDOUS WASTE LIQUID N.O.S NA 9189 (WASTE EPOXY RESIN-UNSPEDIFIED)   |             |                    |                                   |                | 271<br>EPA/Other                   |
| FLAMMABLE LIQUID   | OWS         | DM_                | COURS                             | 9              | F003                               |
| c.   |             |                    |                                   | 75             |                                    |
|  | 1.1.        | 1                  | 1111                              |                | EPA/Other                          |
| d.   |             |                    |                                   |                | State                              |
|  |             |                    |                                   |                | EPA/Other*                         |
| J. Additional Descriptions for Materials Listed Above  |             | K. H               | andling Codes for                 | Vastes L       | isted Above                        |
| J. Adultonal bookspicole for materials 2000  |             | a.                 | ol                                | l b.           | 0/                                 |
|  |             | C.                 |                                   | d.             |                                    |
|  |             |                    |                                   |                |                                    |
| 15. Special Handling Instructions and Additional Information   | COLUMN TOWN | 1                  |                                   | 70-1-1         |                                    |
| PROFILE NUMBER A14477  |             |                    | i i                               |                |                                    |
| PROFILE NUMBER AIGH!   |             |                    |                                   |                |                                    |
| 16.  |             | -                  |                                   |                | 2.14                               |
| GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are and are classified, packed, marked, and labeled, and are in all respects in proper condition to  | tully and a | ccurate<br>by high | ly described above                | by prop        | er shipping nar<br>e international |
| antimal environment regulations  | _           |                    |                                   |                |                                    |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume to be economically practicable and that I have selected the practicable method of treatment, present and future threat to human health and the environment; QR, if I am a small quantity gr              | storage,    | dispos             | al currently availab              | le to me       | which minimize                     |
|  | san afford. | /                  | de a good lattir of               |                |                                    |
| present and future threat to human health and the environment, Ort, it is a small quantity generation and select the best waste management method that is available to me and that is  | -           |                    |                                   |                | Month De                           |
| present and future threat to human health and the environment, or, it all a single quantity generation and select the best waste management method that is available to me and that he Printed/Typed Name  Signature   | The         | 6                  | J                                 |                |                                    |
| Printed/Typed Name  Printed/Typed Name  DecumeWe Turker 6S Signature   | To the      | da                 | reiso                             |                | NIGO                               |
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| Printed/Typed Name  Signature  17. Transporter 1 Acknowledgement of Receipt of Materials   | M           | E                  | vias .                            | -   -          | 121/20                             |
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DHS 8022 A (1/88)

EPA 8700—22 (Rev. 9-88) Previous editions are obsolete. Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812

| UNIFORM HAZARDOUS  | (12-pitch typewriter).  1. Generator's US EPA ID No.   | Manifest   | 2. Page I   | Informital   | So:<br>ion in the shar  | organisali<br>Navel etak   |
|--|--|--|---|--|---|--|
| WASTE MANIFEST  3. Generator's Name and Mailing Address  | CIAIDI9181210121751210   | Document No.   | of 1  | la not re  | quired by Fed   | incidental transfer  |
| MIT ENGINEERING  |  |  | A. State Mar  | 0 00   | 10 Ye Y 7/10  | (6)  |
| 16839 E. GALE AVE.,  | CITY OF INDUSTRY CA 9174   | 5  | B. State Gor  | erator's D   | 9010  | A" / A.S.  |
| 4. Generator's Phone (818) 961-967  5. Transporter 1 Company Name  |  |  | 1   | 1-1-1-1  |   | 1.1  |
| OMEGA RECOVERY SERVI   | G. US EPA ID Num<br>[CES   C A D O 4 2 2 4   |  | C. State Tra  |  | 177051  | 1.17   |
| 7. Transporter 2 Company Name  | 8. US EPA ID Num   |  | E. State Trai   | eporter's ID   | (2112)(6)   |  |
| 9. Designated Facility Name and Site Addre   | 10. US EPA 10 Num  | 1111   | F. Transport<br>G. State Péc  | The second secon |   |  |
| OMEGA RECOVERY SERVI<br>12504 E. WHITTIER BL   | CES  |  |   |  | 214/570   | ol   |
| WHITTIER, CA 90602   |  |  | H. Facility's   | hote   |   |  |
|  | ICI AI DI 01 41 21 21 4  | 15 0 0 1<br>12. Cont   | Name and Address of the Owner, where the Owner, which is the Owner, | 698-09   | 991   |  |
| 11. US DOT Description (including Proper St  |  | No.  | Туре  | Quantity   | Unit<br>Wt/Vol  | Walt   |
| • WASTE COMBUSTIBLE LI<br>(GLUE)   | QUID N.O.S NA 1993   |  |   |  | State   |  |
|  |  | 01011  | DIM   | 140  | G EPA/G   | Other  |
| b. WASTE PERCHLOROETHYL  | ENE ORM-A UN 1897  | U U I  |   | 110  | State   |  |
|  |  | 01.01.4  | DIV   | 11.  | EPA70   | Other  |
| C. WASTE COMBUSTIBLE LI  | QUID N.O,S NA 1993   | 01011  | TIM I   | 1710   | G State   |  |
| (FLUX THINNER)   |  |  |   | .//.   | EPA/C   | Other  |
| d. HAZARDOUS WASTE SOLI  | D NOS OPWE NA 0190   | 10011  | DM OLD  | 101910   | G State   |  |
| (EMPTY DRUMS)  | D N.O.S ORM-E NA 9189  |  |   |  | PEPAIC  |  |
| I. Additional Descriptions for Materials Lister  | d Above  | 004  | DIMOIO  |  | atos Listed Al  |  |
|  |  |  | <b>a.</b>   |  | b   | 3000   |
| PAY  |  |  | <b>C.</b>   | 01   | 0/  |  |
|  |  |  |   | 01   | 0   | 1  |
| 6. Special Handling Instructions and Addition  | nal Information  |  |   |  |   |  |
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|  |  |  |   | A STATE OF THE STA | New Yorkship  |  |
| <b>6</b> .   |  |  |   |  |   | Charles St   |
| GENERATOR'S CERTIFICATION: I here and are classified, packed, marked, and  | by declare that the contents of this consignment<br>labeled, and are in all respects in proper condition   | are fully and acc  | curately descrit  | ed above by  | proper shippi   | ng nam   |
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| MIT ENGINEERING  16839 E. GALE AVE., CITY OF INDUSTRY, C.   | A 91745 B. Date Generator's D.   |
| 4. Generator's Phone (818) 961-9671 X-209   | PA ID Humber C State Trainiporter's D S A W S  |
| OMEGA RECOVERY SERVICES   ICI ALDI OL   | 4 2 2 4 5 0 0 1 0 Transporter 5 (13) 698 0   |
| 9. Designated Facility Name and Site Address 10. US E   | PA ID Number Q. State Facility & ID  |
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| WHITTIER, CA 90602 ICLAIDIO   | 4  2  2  4  5  0  0  1   |
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| (IMS FREON)   | D b b DM OIOI/IOIO G Bra/Other   |
| WASTE PETROLEUM OIL N.O.S COMBUSTIBLE   | 1270 D. D. N. OLOLO 1910 G. EPA/Opear  |
| <b>6</b>  | State (  |
| <b>d.</b>   | State -  |
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| 10  | consignment are fully and accurately described above by proper shipping as roper condition for transport by highway according to applicable (nternational  |
| GENERATOR'S CERTIFICATION: I hereby declare that the contents of this and are classified, packed, marked, and labeled, and are in all respects in pastional government regulations.  If I am a large quentity generator, I certify that I have a program in place to reto be conomically practicable and that I have selected the practicable methorsect and future librant (o) pursue health and the environment; OR, if I am a generation and select the best lesses management method that is available.  Printed/Typed Name  Bigna  | nod of treatment, storage, or disposal oursetiny available to me when minimize my was<br>small (qualithy generator) those made a good laith effort to minimize my was<br>to me and that I can afford.  Month D   |
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|---|---------------------------------|------------------------|--------------------|--|---------------------------------------|----------------------------------|
| WASTE MANIFEST  3. Generator's Name and Malling Address   |                                 | 111                    | and other          | anifest Docume   |                                       |                                  |
| MTI CORP  |                                 |                        |                    | 8/11   | <u>,91</u>                            |                                  |
| 16839 E. GALE., INDUSTRY, CA  |                                 |                        | B. State G         | enérator's ID  |                                       |                                  |
| 4. Generator's Phone (818 ) 961-9671 EXT 209  |                                 |                        | C Slate T          | ransporter's ID  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 10878                            |
| 5. Transporter 1 Company Name 6.  | US EPA'ID Number<br>042 245 001 | 1 1 1                  | AMERICAN PROPERTY. | rter's Phone   | 213)                                  | 898-0991                         |
| OMEGA RECOVERY SERVICES   CAL<br>7 Transporter 2 Company Name 8.  | US EPA ID Number                |                        | E. State T         | ransporter's ID  |                                       |                                  |
| 1.1   | 1 1 1 1 1 1 1                   | 1.1.1                  | graduate and the   | rter's Phone   |                                       | 17.775724.46                     |
| 9. Designated Facility Name and Site Address 10.  | US EPA ID Number                |                        | G. State F         |  |                                       | Tam I                            |
| OMEGA RECOVERY SERVICES 12504 E, WHITTIER BLVD  |                                 |                        | H. Facility        | DI 0421  | <u> </u>                              | 10191                            |
| WHITTIER, CA 90602 CAL  | 042 245 001                     | 1 1 1                  |                    | 698-09   | 91                                    |                                  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class  | s, and ID Number)               | 12. Conta              |                    | 13. Total<br>Quantity  | 14.<br>Unit<br>W1/Vol                 | Waste No.                        |
| 8.  |                                 | NO                     | 1,750              | ž.   |                                       | State                            |
| WASTE FLUOROSOLV TMS  | n 374 0100                      | anadi                  | TM                 |  | ↓ <sub>G</sub>                        | EPA/Other                        |
| HAZARDOUS WASTE LIQUID N.O.S ORM-I  | E NA 9109                       | 885                    | DM a               | 102175   |                                       |                                  |
| b.  |                                 | 1                      | 1 1                |  |                                       | State                            |
|   |                                 | 1                      |                    |  |                                       | EPA/Other                        |
| C   |                                 | 111                    |                    |  |                                       | State                            |
|   |                                 |                        |                    | 21   | 1                                     | EPA/Other                        |
|   |                                 | 44                     |                    | عللا   | $\vdash$                              | State                            |
| d.  | *                               |                        |                    | 1  |                                       | State                            |
| •   |                                 | 1                      |                    | 1 1 1 1  |                                       | EPA/Other                        |
| J. Additional Descriptions for Materials Listed Above   |                                 |                        |                    | og Codes for W   | astes Lis                             | sted Above                       |
| J. Auditorial Descriptions for Interest Section 1.  |                                 |                        | a.                 | 01   | b.                                    |                                  |
| 2.  |                                 |                        | c.                 | 8  | d.                                    |                                  |
|   |                                 |                        |                    |  |                                       |                                  |
| 15. Special Handling Instructions and Additional Information  |                                 |                        |                    | V.   |                                       |                                  |
| 15. Special reliability manuscripts and resilient manuscript  |                                 |                        |                    |  |                                       |                                  |
|   |                                 |                        |                    | 1  |                                       |                                  |
|   |                                 |                        |                    |  |                                       |                                  |
| GENERATOR'S CERTIFICATION: I hereby declare that the co   | ontents of this consignment     | ent are fully a        | nd accurate        | ely described  | sbove by                              | proper shipping                  |
| name and are classified, packed, marked, and labeled, and a international and national government regulations.  | ire in all respects in pro      | pper continu           | ii ioi tibilop     | City ingitue   | ,                                     |                                  |
| If I am a large quantity generator, I certify that I have a progra  |                                 |                        |                    |  |                                       |                                  |
| determined to be economically practicable and that I have se<br>me which minimizes the present and tuture threat to human he<br>taith effort to minimize my waste generation and select the bes |                                 |                        |                    |  |                                       |                                  |
|   | Signature                       |                        |                    |  |                                       | Month Day Yo                     |
| Printed/Typed Name  | I Kol                           | 2C, -                  | T                  | Lan  |                                       | 1019111518                       |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   | 1,00                            | 7                      |                    |  |                                       |                                  |
|   | Signature (                     | , =                    | 4                  | 1  |                                       | Month Day Yo                     |
| Printed/Typed Name  | 7.0                             | m X                    | e                  | 1  |                                       | MAN DIS                          |
| JAVIER HERNANDEZ  |                                 |                        |                    | 1.1  | 190011                                |                                  |
| TAVIER HERNANDEZ  18. Transporter 2 Acknowledgement of Receipt of Materials   | Signature                       |                        |                    | 1  |                                       | Month Day Y                      |
| JAVIER HERNANDEZ  | Signature                       |                        | ***                | į.   |                                       | Month Day Y                      |
| TAVIER HERNANDEZ  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name   | Signature                       |                        |                    |  |                                       | Month Day Y                      |
| TAVIER HERNANDEZ  18. Transporter 2 Acknowledgement of Receipt of Materials   | Signature                       |                        | **                 | 5  |                                       | Month Day Y                      |
| TAVIER HERNANDEZ  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name   | Signature                       |                        |                    | And the second s |                                       | Month Day Y                      |
| TAVIER HERNANDEZ  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name   |                                 |                        | as goted in        | Jam 19   |                                       | Month Day Y                      |

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INSTRUCTIONS ON THE BACK

State of California-Health and Welfare Agency Sacramento, California Information in the shaded areas is not required by Federal law. (Form designed for use on elite (12-pitch) typewriter.) Please print or type 1. Generator's US EPA ID No. Manifest UNIFORM HAZARDOUS Document No. WASTE MANIFEST CAX000080374 State Manifest Document Number 8 4 3 4 5 2 7 6 Generator's Name and Mailing Address 16935 E. Gale Ave (Jane)
Generator's Phone (818) 961-0583 B!State Generator's ID CAX000080374 CiState Transporter's ID 6 2572 Transporter 1 Company Name Omega Recovery Services GAD04224500T DeTransporter's Phone 13/698-099 EState Transporter's 10 7 Transporter 2 Company Name F. Transporter's Phone GState Facility's ID GAD 042245001 US EPA ID Number 9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blyd H:Facility's Phone 213/698-0991 s 13 14 Total Unit Whittier, CA 90602 ... 12 Containers 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number Total Waste No. Quantity Type No. Hazardous waste Liquidan 0.5. ORM-E NA 9189 ME 110 (Fluorosolv TMS) 002 DM G 211 Waste Oil (Mobil) 002 DM un1270 G 211 110 160.5 Empty, used drums for disposal 10 004 (previously contained Freon and PC 81) DM 6 513 ď Handling Codes for Wastes Listed Above J. Additional Descriptions for Materials Listed Above 4)d99 b)d99 15 Special Handling Instructions and Additional Information 16. GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations Date Month Day Printed Typed Name JANE BRADAC 5 127/86 Date 1.7 Transporter 1 Acknowledgement of Receipt of Materials Yea Month Day Printed/Typed Name Woods 3 127 186 Woods Date 18 Transporter, 2. Acknowledgement or Receipt of Materials Manth Day Printed/Typed Name Signature . 1 12000 19 Discrepancy Indication Space S20 Facility Owner of Operator Certification of receipt of hazardous materials covered by this manifest except as noted in term 19 Date

DHS 8022 A (1/84) (EPA 8700-22)

Printed/Typed Name STEUEN

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Signatu

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Year

Month Day

State of California—Health and Weffare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please on eithe (12-pitch typewriter).

## See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic: Substances Control Livelon

| WASTE MANIFEST QAD 098 202 7521 1 3. Generator's Name and Mailing Address  |                 | A. State           | Menifest Document                     | CO   | 452                               |
|--|-----------------|--------------------|---------------------------------------|--|-----------------------------------|
| M.T.I<br>16839 E. GALE AVE, INDUSTRY, CA   | ŀ               | B. State           | Generator & D                         | 56   |                                   |
| 4. Generator's Phone ( 818 981-9671  |                 | t                  | 4911111                               | A P  |                                   |
| 5. Transporter 1 Company Name OMEGA RECOVERY SERVICES CAD, 042, 245,00   |                 | C. Steb<br>D. Tree | Transporter a O                       | 5 6  | 是到到                               |
| 7. Transporter 2 Company-Name 8. US-EPA-ID-Number  |                 | 100 100 100 110    | e Transporter's ID<br>sporter's Phone | The Person Name of Street, or other Designation of the Person of the Per | THE CHAPTER                       |
| 9. Designated Facility Name and Site Address 10. US EPA ID Number  |                 | (2.193m)           | e Ferilly's D                         | 大學都的   |                                   |
| OMEGA RECOVERY SERVICES  |                 | C                  | AFDIDI42                              | <u>24</u>  | 20011                             |
| 12504 E. WHITTIER, BLVD<br>WHITTIER, CA 90602 CAD 042 245 00   | 1 1             | 2. 2. 4.           | 3 698-0                               | 991  | 12241                             |
| 11. US DOT Description (Including Proper Shipping Name, Hezard Class, and ID Number)   | 12. Contr       | Type               | 13. Total<br>Geantity                 | Unit 4   | <del>         </del>              |
|  | 1142            |                    |                                       | 2.0  | 256                               |
| "HAZARDOUS WASTE LIQUID N.O.S ORM-A (TMS FREON) NA 9189  | 0012            | DM.                | 00/1/10                               | G  | F001                              |
|  | 4013            | 27                 |                                       |  | 216                               |
| "HAZARDOUS WASTE LIQUID N.O.S NA 9189<br>(WASTE EPOXY RESIN-UNSPEDIFIED)   |                 | D34                | could                                 | أسرا   | EPA/Ones                          |
| FLAWMABLE LIQUID   | 005             | рм                 | COURS                                 | 9  | States                            |
| c.   |                 |                    |                                       | 1.1  | EPA/Other                         |
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| d.   |                 |                    |                                       |  | EPA/Other                         |
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| J. Additional Descriptions for Materials Listed Above  |                 | BL He              | ndling Codes for                      | <b>b</b> .   | .7                                |
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| 15. Special Handling Instructions and Additional Information   |                 |                    |                                       | \$ 1956A 4 1 1   | Congress during a single des      |
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| GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment and are classified, packed, marked, and fabeled, and are in all respects in proper conditions. | are fully and a | ccurate<br>by high | y described above                     | e by:prop<br>applicabl   | er shipping na<br>e international |
| national government regulations.   |                 |                    | ted to l                              | he denre   | e Fhave deten                     |
| to be economically practicable and that I had the economical OR if I am a small quantit  | th generator.   | disposi            | de a good faith e                     | de to me<br>ffort to m   | which minimize<br>inimize my was  |
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| 17. Transporter: 1. Acknowledgement of Receipt of Materials  |                 | 747                |                                       |  |                                   |
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